

NEWS: A "NURSE ADVICE LINE" FOR FEE FOR SERVICE CLIENTS NOW AVAILABLE! JUST CALL 1-800-444-0125

On August 1, 2002, MAA started providing a new service for some fee-for-service clients. This 1-800 toll-free line expands the number of Medicaid clients who can have direct access to personal health advice. Registered nurses are available twenty-four hours a day, seven days a week to accept calls. This service covers any and all health problems and can provide support and education regarding clients' health concerns. If a client needs to get immediate face-to-face medical attention, the nurse will advise the client what to do and where to go, (for example their doctor or the nearest emergency room). If a client who calls in is eligible for the "Disease Management Program", the nurse will refer them to a case manager for the specific condition.

Unlike the Disease Management Program for Asthma, Congestive Heart Failure, Diabetes and Renal Disease (See below), a person does not have to have a specific chronic disease to use this service. But they do have to be a fee-for-service client eligible for specific programs. Eligible clients will be sent brochures and a refrigerator magnet with the 800-number on it. These brochures will go out at the beginning of each month.

## Disease Management for Fee-for-service clients.





Washington Medicaid fee-for-service clients with a diagnosis of Asthma, Congestive Heart Failure, Diabetes, and End Stage Renal Disease / Chronic Kidney Disease now have the opportunity to benefit from a Disease Management (DM) pilot sponsored by the Medical Assistance Administration (MAA) of DSHS. The program started April 1, 2002 with the enrollment of approximately 20,000 clients who have current eligibility for the following programs: SSI and SSI-related, GAU-X clients (presumptive disability for SSI), TANF and children's medical program who are not in Healthy Options. (Note: GAU clients are not currently in the program).

Eligible clients, determined by MAA eligibility data and claims history, are being sent introduction letters informing them about their enrollment in the "DM" program and their right to "opt out" of the program if they so desire. They can also call either of the vendors (below) or the Medical Assistance Customer Service Center (MACSC) 800 phone line for more information (1-800-562-3022 or: TDD/TDY 1-800-848-5429 - available M-F 7AM to 6PM). Clients who do not "opt out" will automatically receive more information from the two companies with whom MAA has contracted:



<u>McKesson Health Solutions</u> Of Denver, Colorado - 1-800-444-0125 which will work with clients who have Asthma (children and adults), Congestive Heart Failure and Diabetes.

<u>Renaissance Health Care</u> 1-866-287-3625 which will work with clients who have chronic and end-stage renal disease.

## THE "WHAT'S AND WHY'S"

Disease Management is based on the knowledge that support and education of patients with chronic disease and their families can result in improved healthcare outcomes and greater client satisfaction as well as cost savings. Payment to disease management contractors is based on the achievement of these objectives as assessed at the end of the contract period in 2003.

These efforts are designed to address the high cost of health care related to increases in enrollment and expensive advances in medical science. Since 1989 the number of Medicaid clients has grown from 400,000 to over 800,000 and the Medical Assistance budget has increased by 214% to \$2.2 billion per year!

Persons with certain chronic illnesses account for a greater share of Medicaid services, because their care is more complicated and demanding. It is often fragmented, increasing the risk of unnecessary emergency department visits and avoidable hospitalizations. Disease Management programs are designed to support the goals of:

- Continuity of care;
- Improved understanding and client satisfaction; and
- The appropriate utilization of a "medical home".

For two of the targeted illnesses alone, diabetes and heart disease, annual expenditures totaled \$76 million and \$88 million respectively. The disease management contractors will expand existing medical services to identify client needs and address lack of understanding, non-compliance, and inappropriate use of acute services.

Disease Management reaches a high-risk and highly mobile population. With the help of our contractors, we hope to help clients improve their quality of life and health outcomes. The DM nurse case-managers will also facilitate coordination with other DSHS divisions and State agencies, the provider community, case-managers and community resources. The Disease Management program will improve access by helping those who do not have a primary care physician locate and stick with a "medical home". It will reinforce medical recommendations, offering the much needed time and patience to educate and clarify complex medical information.

Nurse case managers, licensed in the State of Washington, will work through the contracted companies, relying on national standards of care to guide their information and client interventions. They will coordinate with the clients' existing health care providers to reinforce the established plan of

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<sup>&</sup>lt;sup>1</sup> Stevenson, Jim, MAA Communication Director: Disease Management: Health Care Where it Counts:DSHS Fax, February 2002

care and make connections to other services where necessary. Time-tested educational materials and tools based on the most up to date information will be used to support learning. Clients may call a toll free 800-phone line to talk to a nurse any time of day or night. A thorough telephone assessment is followed up by calls and/or face-to-face visits. Clients whose treatment is very intense and whose medical condition is compromised by social, psychological and medical complications will receive more intensive contact than those who have fewer needs. But all will be contacted and can initiate contact with the service as needed.

The companies which have contracted with MAA have achieved success in other communities by being a help, not a hindrance to existing resources, by augmenting clients' care rather than trying to substitute their own services and by tailoring their interventions to real needs rather than reinventing the wheel or having a "one size fits all" approach.

Educational programs are being conducted for stakeholder audiences and can be made available to your group by calling:

Maureen Bruneau Program Assistant 360-725-1712.



Maureen will be happy to connect you to the clinical consultant for this program, Veronica Foster, RN, MBA for questions related to program specifics.